## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # 479741 THE NEWS STAND, INC. 04-27-2001 90294 008 \*\*\*150.00 Principal Place of Business Mailing Address 738 EAGLE RIDGE DR 5429 FRUITVILLE RD LAKE WALE FL 33853 SARASOTA FL 34232 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1611814 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMBRECHT, WILLIAM G ESQ Street Address (P.O. Box Number is Not Acceptable) WILLIAMS PARKER HARRISON DIETZ & GETZEN 1550 RINGLING BOULEVARD SARASOTA FL 34230-3258 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TIFLE **⊠** Change RUSSELL, JON T NAME NAM<sup>2</sup> 750 N. Tamiami Tr. #1208 4741 MEADOWVIEW CIRCLE STREET ADDRESS STREET ADDRESS Sarasota, FL 34236 CITY-ST-7IP SARASOTA FL CITY-ST-ZIP TITLE Delete TITLE RUSSELL, KATHERINE V NAME 750 N. Tamiami Tr. #1208 Sarasoty, FL 34236 NAME STREET ADDRESS 4741 MEADOWVIEW CIRCLE STREET ADDRESS. Caty-St-ZIP SARASOTA FL CHY-SI-7P THE Deleta THILE RUSSELL, MARK A NAME NAME 244 RUBY LAKE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP THEF Delete TITLE ☐ Change Addition NAME MAMA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP De:ete HILE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7P

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered. atherine V. Russell 4/10/01 941-379-0416